

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BD.

2009 FEB 26 PM 4:18

COMMITTEE NAME (Must be same as on Statement of Organization)

Vote Yes For Our Neighbors

IMPORTANT: Indicate by # type of committee you are reporting for: ☐ (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Official Use Only:	
Comm. #	_____
Logged In	_____
Scanned	_____
Computer	_____
Added	_____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Bob Rush

319-363-5209

February 26, 2009

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A February 26, 2009

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate by # ☒ 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

March 3, 2009

County & Local Committees, enter County in
which Election is held
Linn

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

0.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) ("also see in-kind below")

43,850.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

43,850.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) ("also see debts and loans below")

19,952.60

Schedule F: Loan Repayments total (Attach Schedule F)

23,897.40

CASH ON HAND at the end of this reporting period (If final report balance must be zero)

UNPAID BILLS (From Schedule D - Attach Schedule D)

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

☒ YES ☐ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Vote Yes For Our Neighbors

SCHEDULE**A**

(Rev. 07/03)

**MONETARY
RECEIPTS**☐ CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
02/09/09	ID# CK#	Robert R. Rush 900 Second Street SE, Unit 605 Cedar Rapids, IA 52401		\$150	<input type="checkbox"/>
02/09/09	ID# CK# 8711	Dale Todd 1821 Grande Avenue SE Cedar Rapids, IA 52403		300	<input type="checkbox"/>
02/09/09	ID# CK# 32201	Cedar Rapids Area Chamber of Commerce 424 First Avenue NE Cedar Rapids, IA 52401-1196		10,000	<input type="checkbox"/>
02/12/09	ID# CK# 12126	Cedar Rapids Building Trades Council 5000 J Street SW Cedar Rapids, IA 52404		5,000	<input type="checkbox"/>
02/12/09	ID# CK# 21065	Cedar Valley Steel, Inc. 22 - 41st Avenue SW Cedar Rapids, IA 52404		1,500	<input type="checkbox"/>
02/13/09	ID# CK# 444299	Van Meter Industrial, Inc. 850 - 32nd Avenue SW Cedar Rapids, IA 52404		1,000	<input type="checkbox"/>
02/18/09	ID# CK# 1115	Plumbers & Pipefitters Local 125 1839 - 16th Avenue SW Cedar Rapids, IA 52404		5,000	<input type="checkbox"/>
02/18/09	ID# CK# 15509	Plumbers & Steamfitters Local 125 1839 - 16th Avenue SW, P. O. Box 1091 Cedar Rapids, IA 52404		3,000	<input type="checkbox"/>
02/18/09	ID# CK# 2763	AFSCME Local 620 1073 Rockford Road SW, Suite M Cedar Rapids, IA 52404		500	<input type="checkbox"/>
02/18/09	ID# CK# 58001	TrueNorth Companies 421 Fourth Avenue SE Cedar Rapids, IA 52403-1863		2,500	<input type="checkbox"/>

SUB-TOTAL

\$ 28,950

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Vote Yes for Our Neighbors

SCHEDULE**A**

(Rev. 07/03)

**MONETARY
RECEIPTS**☐ **CHECK THIS BOX IF
AMENDING FORM**

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
02/18/09	ID# CK# 100170	Bradley & Riley PC 2007 First Avenue SE Cedar Rapids, IA 52402		\$1,000	<input type="checkbox"/>
02/18/09	ID# CK# 7643	Conveyor Eng. & Mfg. Co. 1345 - 76th Avenue SW Cedar Rapids, IA 52404		1,000	<input type="checkbox"/>
02/18/09	ID# CK# 49382	Bergan, Paulsen & Company, P.C. P. O. Box 2100 Waterloo, IA 50704		1,000	<input type="checkbox"/>
02/19/09	ID# CK# 1009	Hawkeye Labor Council AFL-CIO 1211 Wiley Boulevard SW Cedar Rapids, IA 52404		5,000	<input type="checkbox"/>
02/19/09	ID# CK# 2020	Sheet Metal Workers Youth & Youth 1211 Wiley Boulevard SW Cedar Rapids, IA 52404		1,500	<input type="checkbox"/>
02/20/09	ID# CK# 04907941	Transamerica Life Insurance Co. 4333 Edgewood Road NE, P. O. Box 1447 Cedar Rapids, IA 52499		5,000	<input type="checkbox"/>
02/20/09	ID# CK# 6390	Bradley G. Hart 1915 Mapleview Court SE Cedar Rapids, IA 52403		150	<input type="checkbox"/>
02/20/09	ID# CK# 1968	David C. Markward 3718 Jackson Drive NW Cedar Rapids, IA 52405		250	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 14,900	
TOTAL (if last page of this schedule)				\$ 43,850	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Vote Yes For Our Neighbors

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
02/09/09	ID# CK#95	Capitol Resources 700 E. Pleasant St., P. O. Box 257 Brooklyn, IA 52211	Voter identification	\$ 6,277.25
02/18/09	ID# CK#96	Scott McLean 2402 D Avenue NE Cedar Rapids, IA 52402	Consulting fee	1,500.00
02/18/09	ID# CK# 97	Michael Halle 1821 Grande Avenue SE Cedar Rapids, IA 52403	Consulting fee	1,500.00
02/19/09	ID# CK#98	OnMedia 6300 Council Street NE Cedar Rapids, IA 52402	Media production	2,000.00
02/19/09	ID# CK#99	KCRG 501 Second Avenue SE Cedar Rapids, IA 52401	Advertising	4,000.00
02/19/09	ID# CK# 100	KGAN P. O. Box 3131 Cedar Rapids, IA 52402	Advertising	1,000.00
02/19/09	ID# CK# 2001	KFXA 600 Old Marion Road NE Cedar Rapids, IA 52402	Advertising	1,000.00
02/19/09	ID# CK# 2002	KMRY 1957 Blairs Ferry Road NE Cedar Rapids, IA 52402	Advertising	500.00
SUB-TOTAL				\$ 17,777.25
TOTAL (If last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS. SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/05)	MONEY SPENT FROM COMMITTEE ACCOUNT
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Vote Yes For Our Neighbors

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
02/19/09	ID# CK#2003	WMT 600 Old Marion Road NE Cedar Rapids, IA 52402	Advertising	\$ 1,000.00
02/21/09	ID# CK#2004	Monson Video Productions, Inc. 329 Tenth Avenue SE, Suite 227 Cedar Rapids, IA 52401	Advertising	805.60
02/21/09	ID# CK# 2005	Capitol Resources, Inc. 700 E. Pleasant St., P. O. Box 257 Brooklyn, IA 52211	Voter Identification	369.75
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 2,175.35
TOTAL (If last page of this schedule)				\$ 19,952.60

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detailed itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

Page 2 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM



COMMITTEE NAME (Must be same as on Statement of Organization)

Vote Yes For Our Neighbors

SCHEDULE

G

(Rev. 02/08)

BREAKDOWN
OF MONETARY
EXPENDITURES
BY CONSULTANT☐ CHECK THIS BOX IF
AMENDING FORM

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant

Michael Halle

Mailing Address

1821 Grande Avenue SE

City

Cedar Rapids, IA 52403

State

Zip Code

CONTRACT PERIOD (MM/DD/YR)

TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE

From 02/09/09

To 03/03/09

\$ 4,000.00

ESTIMATES OF PERFORMANCE

Campaign work

PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$
SUB-TOTAL			\$
TOTAL (if last page of this schedule)			\$

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Vote Yes For Our Neighbors

SCHEDULE

G

(Rev. 02/08)

BREAKDOWN
OF MONETARY
EXPENDITURES
BY CONSULTANT☐ CHECK THIS BOX IF
AMENDING FORM

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant

Scott McLean

Mailing Address

2402 D Avenue NE

City

Cedar Rapids, IA 52402

State

Zip Code

CONTRACT PERIOD (MM/DD/YR)

TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE

From 02/09/09

To 03/03/09

\$ 4,000.00

ESTIMATES OF PERFORMANCE

Campaign work

PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$
SUB-TOTAL			\$
TOTAL (if last page of this schedule)			\$